

STATE OF MAINE
BOARD OF DENTAL PRACTICE
APPLICATION FOR LICENSURE
LIMITED DENTIST

- Standard Application



Maine Board of Dental Practice
143 State House Station
Augusta, ME 04333-0143

Office Telephone: (207) 287-3333
Office Facsimile: (207) 287-8140
TTY users call Maine Relay 711
Website: www.maine.gov/dental

Office located at: 161 Capitol Street, Augusta, Maine

Revised: 06/2017

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Dental Practice is enclosed. It contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT

- Application Information Guide
- Individual License Application
- Certification of Dental Education Form
- Verification of Licensure Form
- Jurisprudence Examination
- Maine's Prescription Monitoring Program website
- Maine's Mandated Reporter Requirements for Suspected Child Abuse website
- Maine's Medical Professionals Health Program website

ADDITIONAL RESOURCES

- Board of Dental Practice Statute, Title 32, Chapter 143

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://legislature.maine.gov/legis/statutes/32/title32ch143sec0.html> or call (207) 287-3333

- Board of Dental Practice Rules

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#313> or call (207) 287-3333

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION INFORMATION GUIDE

- **National Practitioner Data Bank (NPDB)**: You are required to obtain a self-query report and submit the report to the Board with your application. Please visit NPDB's website at <http://www.npdb.hrsa.gov/index.jsp> or contact them directly at: 1-800-767-6732.
- **Out of State Background Checks**: The Board requires that you provide a criminal background check from each state in which you reside or have resided during the past 10 years immediately preceding your application. You can either contact each state individually by visiting the following link <https://www5.informe.org/online/pcr/faq.htm> or request a statewide Federal Bureau of Investigation report; see website at: <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks>. If you reside/resided in the State of California then please request forms directly from Board staff.
- **Verification of Licensure Form**: The Board requires that you submit verification of licensure for any professional license ever held, i.e. expired, inactive, retired, etc. from any licensing authority as part of the application materials.
- **Certificate of Education Form**: The Board requires that your dental education be verified by the educational institution and submitted directly to the Board.
- **Mandated Reporter Requirements for Suspected Child Abuse**: Maine law requires that dentists and dental hygienists immediately report or cause a report to be made to the Maine Department of Health and Human Services (DHHS) when the licensee knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred. Mandated Reporter Training and additional information regarding mandated reporting can be found at: <http://www.maine.gov/dhhs/ocfs/cps/>
- **Maine's Medical Professionals Health Program (MPHP)**: The MPHP works cooperatively with six Maine boards of licensure, hospitals, medical staffs, and professional associations to ensure that professionals in need of treatment and services get the help they need. The MPHP is not a treatment program, but their staff will help professionals to find the resources they need, to better understand the treatment and recovery process, and to implement strategies for return to safe practice. <https://www.mainemed.com/member-services/medical-professionals-health-program>
- **10 Day Reporting Requirement**: Please be advised, pursuant to 32 MRS §18352, licensees and applicants are to report to the Office, in writing, any change of name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held, or any material change set forth in this application within ten (10) days:
- Please submit your application materials to the Board by mail or hand delivery to our office. **Faxed submissions will not be accepted.** Your application will be reviewed and processed in the order that it was received. Application reviews generally take at least two weeks, barring any action required by the full Board, or any high volume renewal of licensure periods.
- Pursuant to M.R.S. Chapter 143 §18341 (3), An applicant has 90 days after being notified of the materials needed to complete the application to submit those materials to the board. You will be notified by mail if there are deficiencies with your application. You may also check the Board's website at www.maine.gov/dental. It is the responsibility of the applicant to see that all documentation is completed and returned to the Board for consideration. Failure to complete the application within that 90-day period may result in a denial of the application.

Pursuant to 32 M.R.S. §18302 §§25 a “Limited dentist” means: “...a dentist who has retired from the regular practice of dentistry and who holds a valid license issued by the board to practice only in a nonprofit clinic without compensation for work performed at the clinic. Services provided by a limited dentist must be in accordance with this chapter.”

An application for Limited dentist licensure shall include:

- ☐ Completed and signed Application (pgs. 1-14)
- ☐ Payment of a Licensure Fee of \$75.00
- ☐ Payment of a Criminal History Records Check Fee of \$21.00 (if applicable)

Note: All fees can be in one payment.

- ☐ Completed Certificate of Dental Education
- ☐ Official documentation of passing scores on Parts I and II of the National Dental Board Examination
- ☐ Official documentation of passing score on the Regional Examination approved by the Board
- ☐ Passing Score on Jurisprudence Examination
- ☐ Written statement that affirms the following:
 - ✓ License is limited to practice in a non-profit dental clinic;
 - ✓ No compensation for services provided
 - ✓ Identifies the name of the non-profit dental clinic
- ☐ Completed Verification of Licensure Form(s)
- ☐ NPDB Self-Query Report
- ☐ Current; valid CPR Certification
- ☐ Out of State Criminal Background check report(s) (if applicable)

STATE OF MAINE / BOARD OF DENTAL PRACTICE

Mailing Address: 143 State House Station, Augusta, Maine 04333-0143 **Courier address:** 161 Capitol Street, Augusta, Maine 04330
Phone: (207) 287-3333 Fax: (207) 287-8140 TTY users call Maine Relay 711 Website: www.maine.gov/dental

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 143 State House Station, Augusta, Maine 04333- 0143.
- **Where are you located?** 161 Capitol Street, Augusta, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Augusta to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Augusta to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: www.maine.gov/dental
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Maine Board of Dental Practice requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question?
- Sign and date your application?
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



STATE OF MAINE
BOARD OF DENTAL PRACTICE

143 State House Station, Augusta, ME 04333-0143

INDIVIDUAL LICENSE APPLICATION

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	mm / dd / yyyy	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. Have you ever been charged, summonsed, indicted, arrested or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution?

(circle one) NO YES

If yes, enclose a detailed description of what happened (including dates), police report and a copy of the court judgment.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Maine Board of Dental Practice will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE

DATE

Board of Dental Practice

Required Fee: \$96.00
(includes Criminal History Records Check Fee)

Office Use Only

2631 - \$75.00
2690 - \$21.00

Please Select License Type:

☐ Standard (LTD) – Limited Dentist

Office Use Only

Check # _____
Amount: _____
Cash #: _____
License #: _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:

NAME OF CARDHOLDER (please print) FIRST MIDDLE INITIAL LAST

I authorize the Maine Board of Dental Practice to charge my
☐ VISA ☐ M/C ☐ Discover ☐ AMEX the following amount: \$

Card number: XXXX-XXXX-XXXX-XXXX

Expiration Date mm / yyyy

SIGNATURE

DATE

Undergraduate Education		
Name of Academic Institution:		
Mailing Address:		
City:	State:	Zip Code:
Major:	Degree Granted:	Date Conferred:

Dental Education		
Name of Dental School Attended:		
Mailing Address:		
City:	State:	Zip Code:
Degree Granted:		Date Conferred:

Residency Training (If applicable)		
Name of School or Program Affiliation:		
Mailing Address:		
City:	State:	Zip Code:
Dates:		

Name of School or Program Affiliation:		
Mailing Address:		
City:	State:	Zip Code:
Dates:		

Name of School or Program Affiliation:		
Mailing Address:		
City:	State:	Zip Code:
Dates:		

National Board Dental Examination		
Did you successfully pass both parts of the national examination? Circle one: Yes or No		
Date Part I Taken:	Date Part II Taken:	

Regional Examination Information		
Name of the regional examination taken: (i.e. CDCA, WREB, etc.):		
Date Taken:	Score:	Did you pass? Circle one: Yes or No

Professional Experience/Hospital Affiliations/Work History			
List in chronological order all professional experience including full work history of practice, and all healthcare entities where you have held or now hold privileges.			
Dates	Name of Hospital, Institution or Practice	Address	Nature of Experience

Continuing Education Activities

Please list continuing education activities that you have completed during the past two years prior to this application.

Date	Title of Activity	Hours Earned

Credentialing History

Have you ever held a professional license/certification/registration in this or any other state/country?

☐ YES ☐ NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Specialty / Drug Enforcement Administration

Do you hold a specialty certification? If so, please list and submit a copy of your specialty certification:_____.

Do you hold a DEA registration? If so, please list #:_____.

Out of State Background Check

Please list the states in which you reside or have resided in for the previous ten (10) years – you must provide a criminal background check report for each of the states listed:

Licensure / Disciplinary Questions

Please circle each answer. If any of the following questions are answered yes, please provide details on a separate sheet and attach to application.

1. Have you ever been denied licensure in any state, Canadian province or other country?
YES NO
2. Have you ever possessed a license to practice that was suspended, revoked or subjected to other disciplinary action?
YES NO
3. Have your practice privileges ever been restricted?
YES NO
4. Have you ever left a dental licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?
YES NO
5. Have you ever been denied registration or had your ability to administer, prescribe, dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by:
 - a. U.S. Drug Enforcement Administration (DEA)? YES NO
 - b. Any state, territory of the U.S., including Maine? YES NO
6. Have you ever received a sanction from the Center for Medicare and Medicaid Services or any state Medicaid program?
YES NO
7. Have you ever rendered services illegally?
YES NO
8. Are you now, or have you ever been, addicted to the use of alcohol, narcotic or other drugs?
YES NO

Licensure / Disciplinary Questions

Please circle each answer. If any of the following questions are answered yes, please provide details on a separate sheet and attach to application.

9. Are you now, or have you ever been hospitalized or undergone treatment for alcohol or drug dependency?

YES NO

10. Have you ever been hospitalized for the treatment of mental illness?

YES NO

11. Have you ever been diagnosed with or treated for a medical, mental health, or addictive condition which in any way currently limits or impairs your ability to practice dentistry or to function as a dentist?

YES NO

12. Have you ever been diagnosed with or treated for any medical mental health, or addictive disorder that impaired your behavior, judgment, understanding, or ability to function in school, work or other important life activities?

YES NO

13. Have you had a disabling physical or mental illness(es) that resulted in any hospitalization or that prevented you from working or carrying out your usual daily responsibilities for more than 30 days?

YES NO

14. Have you raised the issue of consumption of drugs or alcohol or the issue of a medical, mental health or addictive disorder as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer, government agency, professional organization, or licensing authority)?

YES NO

15. Are you currently engaged in the use of illegal use of drugs or misuse of any drugs?

YES NO

Licensure / Disciplinary Questions

Please circle each answer. If any of the following questions are answered yes, please provide details on a separate sheet and attach to application.

16. Have you ever had a claim or suit alleging malpractice liability in which you are/were named as a defendant, including nuisance suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company/representatives without your express consent?

YES NO

17. Are you currently in default on payment of student loans?

YES NO

18. Have you read the laws and rules governing dental practices in Maine?

YES NO

Affidavit of Applicant

I have read and completed this application and attest that all information is true to the best of my knowledge. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice dentistry in the state of Maine.

I hereby authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), business and professional associations (past and present), and all government agencies and instrumentalities (local, state, federal or foreign) to release to the Maine Board of Dental Practice, my references and information, files, or records requested by the Board in connection with processing of this application. I hereby authorize the Maine Board of Dental Practice to use photocopies of this authorization and waiver in lieu of the original.

I further authorize the Maine Board of Dental Practice to release to the organizations, individuals and groups listed above, any information which is material to my application.

Signature of Applicant: _____

Date: _____

VERIFICATION OF LICENSURE

To be completed by applicant prior to mailing to each state in which you now hold or have ever held a license to practice. Please print. (This form may be copied as necessary.)

Applicant

Name: _____

Address: _____

(state)

(zip code)

License Type and Number: _____ Date Issued: _____

I hereby authorize the Board of Dentistry of the State of _____
to furnish to the Maine State Board of Dental Practice the information requested below.

Applicant Signature: _____

Date: _____

To be completed by the State Licensing Board verifying the above information. Please complete this section and return to the applicants address above:

LICENSING BOARD OR AGENCY: This is to certify that the above-named was issued:

License #

Date issued

Date of expiration

Current Status of License: (check all that apply) ☐Active ☐Inactive ☐Lapsed
☐Probation ☐Restricted ☐Suspended ☐Revoked

Disciplinary Action: ☐Yes ☐No

(If yes, please attach a copy of the decision and a detailed explanation for the discipline and a copy of the consent agreement(s) or decision & order(s) issued)

Has this license ever been revoked, suspended, limited, surrendered, restricted, placed on probation, disciplined in any way or is it currently under investigation? ☐Yes ☐No

Signature: _____

Title: _____

State completing this form: _____

Date: _____

(SEAL)

**STATE OF MAINE
BOARD OF DENTAL PRACTICE**

CERTIFICATE OF DENTAL EDUCATION

I am applying to practice dentistry in the state of Maine. The Maine board requires verification of my dental education. This is your authority to release any information in your files directly to the Maine board at the address below.

THIS SECTION TO BE COMPLETED BY THE APPLICANT.

Applicant's name: _____

Applicant's address: _____

Dates of attendance: from _____ to _____

THIS SECTION MUST BE COMPLETED BY THE DEAN, SECRETARY OR REGISTRAR OF THE DENTAL SCHOOL.

I hereby certify that the above named applicant has received the degree of doctor of dental medicine.

Name of dental school _____

Address of school _____

Dates of attendance: from _____ to _____

Degree conferred: _____ date conferred: _____

Name & title of school official: _____

Official's signature _____ dated: _____

**PLEASE PLACE
SCHOOL SEAL
HERE**

Mail to:

**Maine Board of Dental Practice
143 State House Station
Augusta, ME 04333-00143**

BOARD OF DENTAL PRACTICE
Jurisprudence Examination for Dentists

Name: _____

Date: _____

To successfully complete this examination, 45 of the 50 questions must be answered correctly. It is an open book examination. The answers may be obtained by going to our website at www.maine.gov/dental, then clicking on "Statutes and Rules" on the home page. Please circle the correct answer.

		TRUE	FALSE
1.	Dentists are required to register annually with the Board of Dental Practice.	T	F
2.	The dental hygienist members of the Board of Dental Practice are full voting members.	T	F
3.	The use of false, misleading or deceptive advertising can be grounds for the modification, suspension or revocation of a license.	T	F
4.	The normal term of office of dentists on the Board of Dental Practice is five years.	T	F
5.	A dentist must provide the Secretary/Treasurer of the Board with any change of name or address within 60 days of such a change.	T	F
6.	Each patient in a multi-dentist practice must be provided with a dentist of record upon the onset of treatment.	T	F
7.	The dental hygienist member of the Board must have been in practice at least five years prior to consideration for appointment.	T	F
8.	If the Board concludes that suspension or revocation of the license is in order, the Board shall file a complaint in District Court.	T	F
9.	The Board of Dental Practice consists of five dentists, one hygienist and two public members.	T	F
10.	A consent agreement may be used to terminate a complaint investigation if entered into by the Board, the licensee and the Attorney General's office.	T	F
11.	To practice dental hygiene (RDH or IPDH) one must be 21 years of age.	T	F
12.	The denturist sub committee shall perform an initial review of all complaints involving denturists.	T	F
13.	Only the Maine Dental Association may submit nominations to the Governor for appointments to the Maine Board of Dental Practice.	T	F
14.	Employment of a non-licensed hygienist is a class E crime.	T	F

15.	The Board may not direct a dentist to submit to a mental or physical examination whenever the Board determines the dentist may be suffering from a mental illness or from the use of intoxicants or drugs to an extent that they are preventing the dentist from practicing competently or with safety to patients.	T	F
16.	Identification marks on removable dental prosthesis may be omitted in their entirety in special situations.	T	F
17.	Dental laboratory prescriptions shall be written in duplicate, with the dentist or denturist retaining the duplicate copy.	T	F
18.	Impressions for study models may be taken by both dental hygienists and dental assistants.	T	F
19.	Registered Dental hygienists are required by State law to practice all authorized procedures under direct supervision.	T	F
20.	Dental sealants may be applied by registered dental hygienists under general supervision supervision as long as a dentist determines the tooth and surface to be sealed, with the exception that, when the registered dental hygienist is acting under public health supervision status, the dentist does not need to determine the tooth and surface to be sealed.	T	F
21.	Direct supervision is required for a registered dental hygienist to take impressions for casts to fabricate athletic mouth guards.	T	F
22.	Under general supervision registered dental hygienists can smooth and polish amalgam restorations, remove sutures and re-cement temporary crowns with temporary cement.	T	F
23.	All Dental hygienists (RDH and IPDH) are required to register annually with the Board of Dental Practice.	T	F
24.	The license for dental radiography must be renewed annually.	T	F
25.	A licensed dental radiographer may use ionizing radiation on the maxilla, mandible and adjacent structures on human beings for diagnostic purposes.	T	F
26.	A dental radiographer may practice under the general supervision of a dentist.	T	F
27.	One of the requirements in order to qualify for a license to practice dental radiography is to have a high school diploma or its equivalent.	T	F
28.	Except for PHS hygienists, a dental assistant, registered dental hygienist and radiographer providing services under general supervision may only practice on the dentist's patients of record.	T	F
29.	It is not considered unprofessional conduct to advertise one's professional superiority or the performance of professional services in a superior manner.	T	F
30.	The practice of denturism does not include removable partial dentures.	T	F
31.	The practice of denturism requires the direct supervision of a dentist of record.	T	F

32.	The Board of Dental Practice is authorized to adopt rules and regulations establishing educational requirements for the purpose of eligibility for licensure as a denturist.	T	F
33.	A person shall be eligible to take the exam in denturism who: <ul style="list-style-type: none"> 1. is 18 years of age 2. is a high school graduate 3. has successfully completed one year of training in denturism. 	T	F
34.	Denturists may prescribe and dispense medications or controlled substances when they pertain to the fabrication of full dentures.	T	F
35.	The Board at its discretion may issue its certificate to practice dental hygiene to an applicant who has been duly licensed to practice in another state.	T	F
36.	General supervision means that the dentist is not required to be on the office premises at the time the procedure is performed by the dental auxiliary.	T	F
37.	For the registered dental hygienist, the removal of periodontal dressings, preparation direct bonding of orthodontic brackets, and the taking of impressions for athletic mouth guards do not require direct supervision.	T	F
38.	Application of fluorides, exposing and processing of dental radiographs and smoothing and polishing of restorations by a registered dental hygienist all require direct supervision.	T	F
39.	The use of or the distribution of controlled substances or prescription drugs in any way other than for dental therapeutic purposes is considered unprofessional conduct.	T	F
40.	Failure to surrender a copy of a patient's record upon appropriate request by the patient or the patient's agent is an example of unprofessional conduct.	T	F
41.	It is considered unprofessional conduct for a dentist to delegate the task of diagnosis and treatment planning.	T	F
42.	A certified dental assistant (C.D.A.) is a dental assistant who has successfully passed the certification examination administered by the Maine Board of Dental Practice.	T	F
43.	The processing of dental radiographs by a dental assistant requires direct supervision.	T	F
44.	Under general supervision dental assistants may remove but not replace orthodontic appliances to relieve pain.	T	F
45.	The removal of sutures and the placement and removal of matrix bands by a dental assistant must be carried out under direct supervision.	T	F
46.	The preparation of teeth for direct bonding of orthodontic brackets and their applications is allowable to dental hygienists under direct supervision.	T	F
47.	The counseling of patients in dental health and the performance of pulp testing by dental assistants are both allowable duties under direct supervision.	T	F

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|-----|---|---|---|
| 48. | Under general supervision a dental assistant may remove sutures, recement temporary crowns, and process exposed dental radiographs. | T | F |
| 49. | Under direct supervision, a dental assistant may remove excess cement both supra and sub-gingivally. | T | F |
| 50. | Dentists are not required to earn Continuing Dental Education for the biennial renewal of their license. | T | F |
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Maine's Prescription Monitoring Program

Maine's Prescription Monitoring Program (PMP) is a tool created to prevent and detect prescription drug misuse and diversion, and improve patient care through better coordination of care. PMP maintains a database of all transactions for schedule II, III and IV controlled substances dispensed in the State of Maine. This database is available free online to prescribers and dispensers by the Office of Substance Abuse and Mental Health Services (SAMHS) in the Maine Department of Health and Human Services. The database is searchable online, so it is available anywhere one has Internet access. Clinicians can use the program to check the history of a new patient and to monitor on-going treatment. PMP is another tool clinicians can add to their toolkit for preventing and intervening against misuse and diversion of prescription drugs. FMI about the program visit: <http://www.maine.gov/dhhs/samhs/osa/data/pmp/index.htm>

Maine 's Mandated Reporter Requirements for Suspected Child Abuse

Maine law requires that dentists and dental hygienists immediately report or cause a report to be made to the Maine Department of Health and Human Services (DHHS) when he/she knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred. Recently enacted legislation also requires mandated reporters to obtain training every four years. FMI regarding mandated reporting and training, please visit the following website: <http://www.maine.gov/dhhs/ocfs/cps/>

Maine's Medical Professionals Health Program

The MPHP works cooperatively with six Maine boards of licensure, hospitals, medical staffs, and professional associations to ensure that professionals in need of treatment and services get the help they need. The MPHP is not a treatment program, but our staff will help professionals to find the resources they need, to better understand the treatment and recovery process, and to implement strategies for return to safe practice. <https://www.mainemed.com/member-services/medical-professionals-health-program>